

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
FOR USE WITH FORM PTO-875)

SERIAL NO. **09/762648**

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	/					
5	/					
6	3					
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8	3					
9	3					
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TOTAL IND.	11					
TOTAL DEP.	46	↓	↓	↓	↓	↓
TOTAL CLAIMS	57	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

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100			
TOTAL IND.			
TOTAL DEP.		↓	↓
TOTAL CLAIMS		[REDACTED]	[REDACTED]